APPLICATION FOR NEW CAR MANUFACTURER'S IM/240 REPAIRER/TECHNICIAN TRAINING **SCHOOL CERTIFICATION AE-61 NEW 10-95**

STATE OF CONNECTICUT **DEPARTMENT OF MOTOR VEHICLES**

EMISSIONS DIVISION On The Web At http://dmvct.org

INSTRUCTIONS:

1. Please print or type clearly.
2. Only new car manufacturers (not franchised Connecticut new car dealers) will be considered for certification in this program.
3. If more space is required when answering questions, attach extra sheets as needed.
4. If any of the information requested below is not supplied in the spaces allocated on this form please clearly identify where and in what attachment to this application it can be found.
5. RETURN TO: DMV, EMISSIONS, 55 WEST MAIN STREET, WATERBURY, CT 06702-2004

MANUFACTURER'S NAME		TELEPHONE NUMBER	
ADDRESS (No. and Street)	(City)	(State)	(Zip Code)
Please provide a contact (name, address, fax number, aspects of your program.	, and telephone number) person for this pro	ogram who is familiar with administr	ative and technical
The manufacturer must have a comprehensive technic program.	cian training program. Please supply a sur	nmary description of your compreh	ensive training
Please provide documentation that you have dedicate credentials is optional.	d full time training staff. Names and function	onal job titles must be supplied. Fu	rnishing other
Please provide the locations of your dedicated training	g facilities.		
4a. Are the above facilities dedicated for use solely as tra	aining facilities.		
4b. Is any part of these facilities used for sales, marketin If so, explain to what extent.	g, warehousing, administrative, or other no	n-training related activities?	

5.	The manufacturer must provide Enhanced Emissions Training Courses Equivalent to the Connecticut (Aspire) first and Edge courses. Please attach to the application all training materials you wish to provide to demonstrate that your program is equivalent to the State of Connecticut 120 hour (Aspire) and Edge course offerings.			
	**Your submittal should identify equivalence to each module described in th attached summary of the Connecticut Curriculum. You should identify all "hands-on" training. You may wish to detail the number of hours of classroom and other training associated with the various Connecticut modules.			
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6.	Please describe the primary diagnostic tools and equipment utilized in the program.			
7.	The Vehicle Manufacturer (not the Connecticut Dealer) must provide the State of Connecticut DMV Emissions division with documentation of successful completion to include an alphabetical list of names, addresses, driver license number and/or social security number for either (1) all such technicians employed in Connecticut, or (2) all such qualified technicians seeking certification in Connecticut. This documentation must be provided in hard copy, and should be updated periodically. Do you agree to supply these lists?			
7a	. Alternative mechanisms to provide the above verification of completion of the approved manufacturer's training program will be considered with the exception that the DMV will not accept any documents directly from the affected Connecticut Dealers or the individual technicians. If you are proposing an alternate mechanism please describe below.			
8.	Applicants may attach any related written or electronically recorded audio or visual materials that you feel will aid the DMV in evaluating your request for certification. Please describe any such attached material you wish to consider below.			
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	**. The determination of "equivalency" will be made by the Connecticut DMV Emissions Division or a subcommittee of its training agents after a review of the training curriculum and other supporting documentation submitted by the new vehicle manufacturer.			